

Complete Summary

TITLE

Inpatient pediatric satisfaction: mean section score for "Tests and Treatments" questions on Inpatient Pediatric Survey.

SOURCE(S)

Inpatient pediatric survey. South Bend (IN): Press Ganey Associates, Inc.; 2004. 4 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the mean score for the questions in the "Tests and Treatments" section of the Inpatient Pediatric Survey.

The "Tests and Treatments" section is one of ten sections that comprise the [Inpatient Pediatric Survey](#). Mean section scores are reported for each section of this survey. In addition, an "Overall Facility Rating" score is reported.

RATIONALE

1. Patient satisfaction is both an indicator of quality of care, and a component of quality care.

In 2001, the Institute of Medicine (IOM) advocated a patient-centered model of care (Crossing the Quality Chasm: A New Health System for the 21st Century). In part, this is a reflection of the growing understanding that

"...patients constantly judge the motives and competence of caregivers through their interaction with them. This judgment is a very personal one, based on perceptions of care being responsive to patients' "individual needs," rather than to any universal code of standards (McGlynn, 1997). When these individual needs are perceived as being met, better care results. Lohr (1997) notes: "Inferior care results when health professionals lack full mastery of their clinical areas or cannot communicate effectively and compassionately." In short, when patients perceive motives, communication, empathy, and clinical judgment positively, they will respond more positively to care...Sobel (1995) claims that improved communication and interaction between caregiver and patient improves actual outcome. Donabedian (1988) notes that "...the interpersonal process is the vehicle by which technical care is implemented and on which its success depends" (from Press [2002] Patient Satisfaction: Defining, Measuring, and Improving the Experience of Care, Health Administration Press).

It is clear that patients quite actively evaluate what is happening to them during the experience of care. The degree to which the patient judges the care experience as satisfactory "...is not only an indicator of the quality of care, but a component of quality care, as well" (Press, 2002).

Patient Satisfaction has been linked to the following clinical outcomes: Clinical Quality (e.g., Hemoglobin A1c levels, cholesterol levels, lower bed disability days); Chronic Disease Control; Compliance; Drug Complications; Quality of Life; Emotional Health Status; Mental Health; Physical Functioning; Physical Health Status; Post-Surgery Complications; Post-Surgery Recovery Times; Risk-Adjusted Mortality Rates; Unexpected Mortality; and Work Effectiveness (Clark, Drain, Malone, 2004).

2. In addition to its connection to quality of care and clinical outcomes, Patient Satisfaction has been linked to the following:
 - Topline (Revenue): Loyalty; Volume; Physician Satisfaction; Patient's Trust in Provider; Retention; Employee Satisfaction
 - Bottomline (Expenses): Reduction in Expenses; Reduction in Length of Stay; Reduction in Complaints; Reduction in Malpractice Claims; Direct Measures of Financial Performance (e.g., bond rating, core margin, earnings per adjusted admission, market share, net margin, profit margin) (Clark, Drain, Malone, 2004)

PRIMARY CLINICAL COMPONENT

Inpatient pediatric satisfaction

DENOMINATOR DESCRIPTION

Parents of patients with an inpatient pediatric care admission discharged during the reporting period who answered at least one question in the "Tests and

Treatments" section of the Inpatient Pediatric Survey. All deceased patients and newborns are excluded from sampling.

NUMERATOR DESCRIPTION

The mean of all the parents' scores for the questions from the "Tests and Treatments" section of the Inpatient Pediatric Survey

Refer to the "Press Ganey's Inpatient Pediatric Survey: Calculation of Scores Information" document listed in the "Companion Documents" field for additional details.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Miceli PJ, Clark PA. Your patient--my child: seven priorities for improving pediatric care from the parent's perspective. J Nurs Care Qual 2005 Jan-Mar; 20(1):43-53; quiz 54-5. [36 references] [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age less than 21 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

End of Life Care
Getting Better
Living with Illness

IOM DOMAIN

Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Parents of patients with an inpatient pediatric care admission during the reporting period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Parents of patients with an inpatient pediatric care admission discharged during the reporting period who answered at least one question in the "Tests and Treatments" section of the Inpatient Pediatric Survey

Exclusions

All deceased patients and newborns are excluded from sampling.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Institutionalization

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The mean of all the parents' scores for the questions from the "Tests and Treatments" section of the Inpatient Pediatric Survey

Refer to the "Press Ganey's Inpatient Pediatric Survey: Calculation of Scores Information" document listed in the "Companion Documents" field for additional details.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data and patient survey

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Non-weighted Score/Composite/Scale

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Data may be reported out separately for various kinds of patient groups at the client's request.

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Psychometric testing of the survey, which was released in 1998, revealed the instrument to be valid and reliable, and to be a significant predictor or theoretically important outcomes such as the respondent's stated likelihood of recommending the hospital to others. Results of factor analysis of the instrument indicate a high degree of construct validity. Each item loaded most highly with its theoretically expected factor, and the factors identified mirror the subscales of the survey. In addition, Cronbach alpha (a measure of internal consistency or reliability) for the entire measure was .98 (with individual subscale alphas ranging from .65 to .95), confirming the instrument's high internal consistency and reliability. Moreover, multiple regression analyses showed that the survey items accounted for 78% of the variance in the families' stated likelihood to recommend the hospital to others ($F_{44,342} = 30.95$, P less than .01; Adjusted $R^2 = 0.78$).

Refer to "Pediatric Inpatient Questionnaire: Psychometrics" document in the "Companion Documents" field for further information.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Miceli PJ, Clark PA. Your patient--my child: seven priorities for improving pediatric care from the parent's perspective. J Nurs Care Qual 2005 Jan-Mar; 20(1):43-53; quiz 54-5. [36 references] [PubMed](#)

Identifying Information

ORIGINAL TITLE

Inpatient Pediatric Survey, Tests and Treatments.

COMPOSITE MEASURE NAME

[Inpatient pediatric satisfaction: overall facility rating score on the Inpatient Pediatric Survey](#)

DEVELOPER

Press Ganey Associates, Inc.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1998 Jan

REVISION DATE

2005 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Inpatient pediatric survey. South Bend (IN): Press Ganey Associates, Inc.; 2004. 4 p.

MEASURE AVAILABILITY

The individual measure, "Inpatient Pediatric Survey, Tests and Treatments," is published in the "Inpatient Pediatric Survey."

For further information, contact: Press Ganey, 404 Columbia Place, South Bend, Indiana 46601; telephone: 800-232-8032; fax: 574-232-3485; e-mail: sgesell@pressganey.com; Web site: www.pressganey.com.

COMPANION DOCUMENTS

The following is available:

- Press Ganey's inpatient pediatric care study: calculation of scores information. South Bend (IN): Press Ganey Associates; 3 p.
- Pediatric inpatient questionnaire: psychometrics. South Bend (IN): Press Ganey Associates, Inc.; 1999. 7 p.

For further information, contact: Press Ganey, 404 Columbia Place, South Bend, Indiana 46601; telephone: 800-232-8032; fax: 574-232-3485; e-mail: sgesell@pressganey.com; Web site: www.pressganey.com.

NQMC STATUS

This NQMC summary was completed by ECRI on February 27, 2006. The information was verified by the measure developer on March 6, 2006.

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All inquiries regarding the measure should be directed to the [Press Ganey Web site](#) or e-mail Sabina B. Gesell, Ph.D. at sgesell@pressganey.com.

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